Filed 11/12/18 Entered 11/12/18 17:43:48 Case 18-23908-GLT Doc 25 Desc Main Dago 1 of 2

| | | 17(7(.1)11 | ICII FAUC I VI Z | |
|---------------------|---------------------------|------------------|------------------|--|
| Fill in this info | rmation to identify your | case: | | |
| Debtor 1 | Paul A. Hennon | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Jeanette L. Henn | on | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | WESTERN DISTRICT | OF PENNSYLVANIA | |
| Case number | 18-23908 | | | |
| (if known) | | | | |
| | | | | |

Official Form 423

Certification About a Financial Management Course

12/15

If you are an individual, you must take an approved course about personal financial management if:

- you filed for bankruptcy under chapter 7 or 13, or
- you filed for bankruptcy under chapter 11 and § 1141 (d)(3) does not apply.

In a joint case, each debtor must take the course. 11 U.S.C. §§ 727(a)(11) and 1328(q).

After you finish the course, the provider will give you a certificate. The provider may notify the court that you have completed the course. If the provider does notify the court, you need not file this form. If the provider does not notify the court, then Debtor 1 and Debtor 2 must each file this form with the certificate number before your debts will be discharged.

- If you filed under chapter 7 and you need to file this form, file it within 60 days after the first date set for the meeting of creditors under § 341 of the Bankruptcy Code.
- If you filed under chapter 11 or 13 and you need to file this form, file it before you make the last payment that your plan requires or before you file a motion for a discharge under § 1141(d)(5)(B) or § 1328(b) of the Bankruptcy Code. Fed. R. Bankr. P. 1007(c).

| I completed an approved course in personal financial management: Date I took the course | alt II. I C | ell the Court Abo | out the Req | uired Course. | | | | |
|--|------------------------|---------------------------|------------------------|----------------------------------|---|-----------------|-----------------------------------|--|
| Date I took the course 11/09/2018 Name of approved provider Summit Financial Education, Inc. | ou must c | check one: | | | | | | |
| Name of approved provider Summit Financial Education, Inc. | l Ic | completed an ap | proved cou | urse in personal fina | ancial management: | | | |
| Certificate Number 17082-PAW-DE-031886162 I am not required to complete a course in personal financial management because the court has granted my motion for a waiver of the requirement based on (check one): I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions finances. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions finances. My physical disability causes me to be unable to complete a course in personal financial management in personal phone, or through the internet, even after I reasonably tried to do so. Active duty. I am currently on active military duty in a military combat zone. I live in a district in which the United States trustee (or bankruptcy administrator) has determined that the approximational courses cannot adequately meet my needs. | Date I took the course | | 11/09/2018 | | | | | |
| □ I am not required to complete a course in personal financial management because the court has granted my motion for a waiver of the requirement based on (check one): □ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions finances. □ Disability. My physical disability causes me to be unable to complete a course in personal financial management in personal phone, or through the internet, even after I reasonably tried to do so. □ Active duty. I am currently on active military duty in a military combat zone. □ Residence. I live in a district in which the United States trustee (or bankruptcy administrator) has determined that the approximatructional courses cannot adequately meet my needs. | Na | Name of approved provider | | Summit Financial Education, Inc. | | | | |
| motion for a waiver of the requirement based on (check one): □ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions finances. □ Disability. My physical disability causes me to be unable to complete a course in personal financial management in personal phone, or through the internet, even after I reasonably tried to do so. □ Active duty. I am currently on active military duty in a military combat zone. □ Residence. I live in a district in which the United States trustee (or bankruptcy administrator) has determined that the approximational courses cannot adequately meet my needs. | Certificate Number | | 17082-PAW-DE-031886162 | | | | | |
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| phone, or through the internet, even after I reasonably tried to do so. Active duty. I am currently on active military duty in a military combat zone. Residence. I live in a district in which the United States trustee (or bankruptcy administrator) has determined that the approximatructional courses cannot adequately meet my needs. | | Incapacity. | | nental illness or a me | ntal deficiency that makes me incapable | of realizing o | or making rational decisions abou | |
| Residence. I live in a district in which the United States trustee (or bankruptcy administrator) has determined that the approximation instructional courses cannot adequately meet my needs. | | l Disability. | , , , | , | • | personal finar | ncial management in person, by | |
| instructional courses cannot adequately meet my needs. | | | | | | | | |
| | | Active duty. | I am curre | ntly on active military | duty in a military combat zone. | | | |
| Part 2: Sign Here | _ | - Nouve duty. | I live in a c | district in which the U | nited States trustee (or bankruptcy adm | inistrator) has | determined that the approved | |
| I certify that the information I have provided is true and correct. | | Residence. | I live in a c | district in which the U | nited States trustee (or bankruptcy adm | inistrator) has | determined that the approved | |

Certificate Number: 17082-PAW-DE-031886162

Bankruptcy Case Number: 18-23908



CERTIFICATE OF DEBTOR EDUCATION

I CERTIFY that on November 9, 2018, at 8:23 o'clock PM MST, PAUL A HENNON completed a course on personal financial management given by internet by Summit Financial Education, Inc., a provider approved pursuant to 11 U.S.C. § 111 to provide an instructional course concerning personal financial management in the Western District of Pennsylvania.

Date: November 9, 2018 By: /s/Orsolya K Lazar

Name: Orsolya K Lazar

Title: Executive Director